

STATEMENT OF ECONOMIC INTERESTS  
PRACTICES COMMISSION  
COVER PAGE

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JUN 4 2011

11 JUN -6 AM 8:00  
Please type or print in ink.

11 JUN -6 AM 8:00

Office of the City Clerk  
City of Monrovia

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
GARCIA JOE G.

1. Office, Agency, or Court

Agency Name

CITY OF MONROVIA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of MONROVIA

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left (Check one)

The period covered is through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

F. Verification

I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/24/11  
(month, day, year)

Signature

**JOE GARCIA  
LIST OF AGENCIES  
EXPANDED STATEMENT  
2010**

City of Monrovia  
City Councilmember  
415 S. Ivy Avenue  
Monrovia, CA 91016

Metro Gold Line Phase II, Joint Powers Authority  
Alternate Boardmember  
406 E. Huntington Drive, #202  
Monrovia, CA 91016

County Sanitation Districts No(s). 15,22 of LA Co.,  
Alternate Boardmember  
P.O. Box 4998  
Whittier, CA 90607-4998

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name JOE GARCIA
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► NAME OF SOURCE  
KRIKORIAN PREMIER THEATRES

ADDRESS (Business Address Acceptable)  
2275 W. 190th Street, Suite 201, Torrance CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
THEATRE OWNER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 10	\$ 200	VIP PASS
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
FETTER SAMUELSON

ADDRESS (Business Address Acceptable)  
602 East Huntington Drive, Suite D, Monrovia CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DEVELOPER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 10	\$ 100	CHAMPAGNE
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_